



## Drug Medi-Cal Organized Delivery System

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## Overview of DMC-ODS

- Component of larger 1115 Waiver
- The 5-year DMC-ODS Pilot Program is under the authority of DHCS' Medi-Cal 2020 Waiver
- California as a Trailblazer: CA was the first state to receive a 1115 waiver for SUD treatment
- Modeled after nationally-recognized standard of care: American Society of Addiction Medicine
- Counties must "opt-in" to participate in the pilot

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## Core Elements of the Pilot Program

- **Benefits.** Continuum of care modeled after nationally-recognized standard of care (ASAM)
- **Accountability.** Increased local control and accountability
- **Beneficiary Protections.** Strong provisions for program integrity and beneficiary protections
- **Oversight.** Utilization tools to improve care and manage resources
- **Quality.** Evidence-based practices
- **Integration.** Coordination with other systems of care

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## Benefits

Standard DMC Benefits (available to beneficiaries in all counties)	Pilot Benefits (only available to beneficiaries in pilot counties)
Outpatient Drug Free Treatment	Outpatient Services
Intensive Outpatient Treatment	Intensive Outpatient Services
Naltrexone Treatment (oral for opioid dependence or with TAR for other)	Naltrexone Treatment (oral for opioid dependence or with TAR for other)
Narcotic Treatment Program (methadone)	Narcotic Treatment Program (methadone + additional medications)
Perinatal Residential SUD Services (limited by IMD exclusion)	Residential Services (not restricted by IMD exclusion or limited to perinatal)
Detoxification in a Hospital (with a TAR)	Withdrawal Management (at least one level)
	Recovery Services
	Case Management
	Physician Consultation
	Partial Hospitalization (Optional)
	Additional Medication Assisted Treatment (Optional)

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## Beneficiary Eligibility

- **No age restrictions**
- **Eligibility:**
  - ❖ Enrolled in Medi-Cal
  - ❖ Reside in Participating County
  - ❖ Meet Medical Necessity Criteria:
    - ✓ **Adults:** One DSM Diagnosis for substance-related and addictive disorders (with the exception of tobacco); meet ASAM criteria definition of medical necessity for services
    - ✓ **Children:** Be assessed to be at risk for developing a SUD and meet the ASAM adolescent treatment criteria (if applicable)

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## Implementation Deadlines

- Deadlines for participation:
  - September 1, 2017 was the deadline for counties to submit an Implementation Plan
  - November 1, 2017 will be the deadline for participating counties to submit their Fiscal Plan
- Phase 5: The Indian Health Program-ODS was opened in September 2017

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## County Update September 2017

County	Live Date	County	County	County
1. Riverside	2/1/17	13. Alameda	25. Merced	36. Stanislaus
2. San Mateo	2/1/17	14. Ventura	26. Sacramento	37. San Joaquin
3. Marin	4/1/17	15. Kern	27-34. Partnership:	38. El Dorado
4. Santa Clara	6/15/17	16. Orange	Humboldt	39. Tulare
5. Contra Costa	6/30/17	17. Yolo	Trinity	40. Kings
6. Los Angeles	7/1/17	18. Imperial	Mendocino	
7. San Francisco	7/1/17	19. San Bernardino	Lassen	
8. Santa Cruz	10/01/17	20. Santa Barbara	Modoc	
9. Sonoma	10/1/17	21. San Benito	Shasta	
10. Monterey		22. Placer	Siskiyou	
11. Napa		23. Fresno	Solano	
12. SLO		24. San Diego	35. Nevada	

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## Implementation

- With the 40 submitted IPs, 97.54% of CA's population will be covered under the ODS
- 44.5% of CA's population are currently eligible to receive services under the ODS

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## Fresno County

- Department of Behavioral Health (DBH) is now in contract negotiations with two FQHCs to provide a full array of integrated primary care, SUD and mental health services at multiple locations throughout the County
- SUD and mental health services will be located on or near existing primary care clinics
- Amending existing MOUs with its two managed care providers, Anthem Blue Cross and CalViva, to include provisions intended to ensure coordination, collaboration and communication
- Geographically underserved areas will be served by certified providers that employ field-based services and telehealth technology. DBH will also actively pursue medication assisted treatment (MAT) expansion in the County to better serve clients

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## Orange County

- Vivitrol is being made available at two DHCS certified contract outpatient providers to AB109 participants with or without Medi-Cal and to probationers and parolees who are on Medi-Cal
- Referrals are accepted from all treatment providers and over 80% of the beneficiaries are, or have been, involved with the criminal justice system
- Services are available via telephone, on-site, or in the community to over 600 unduplicated individuals per year
- SUD case management activities are designed to support the beneficiaries in recovery through a variety of avenues, including coordination of care and advocacy with other systems, including criminal justice, social services, mental health and physical health providers

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## Riverside County

- Within the first six weeks of implementation, the call center fielded 6,488 calls, compared to an average of 202 calls per month for the seven months before implementation
- A Behavioral Health Commission (BHC) and BHC Subcommittees meet once a month to discuss specific populations and treatment needs
- One BHC Subcommittee is dedicated specifically to the criminal justice population
- The county currently contracts with eight (8) recovery residence providers for the AB 109 criminal justice population

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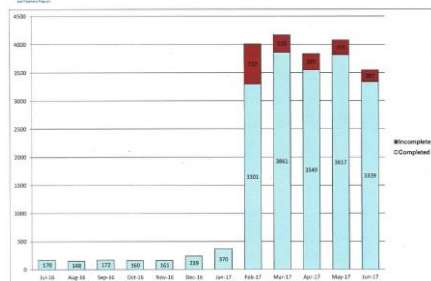
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## Impact: Call Volume Data from Riverside County

Substance Use CARES Line Monthly Call Volume June 2016 – June 2017




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## San Luis Obispo County

- MAT services offered through Behavioral Health Department, contracted office based opiate treatment (OBOT) providers, NTP program, and a provider network licensed as primary care clinics
- Has a set naloxone policy and procedure manual for opiate overdose prevention
- Each of the court ordered treatment programs has a continuum of care built into the criminal justice programming depending upon the client's individual needs
- Has implemented a telehealth pilot project based out of the Mental Health Youth Treatment Services that will now be expanded

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## San Mateo County

- Supports a service delivery model managed by a single public insurance plan and an administration that integrates governmental and private institutions, multiple funding streams, including local property tax, and public health programs, known as the San Mateo Health System
- Designed a continuum of re-entry services and coordinated a one stop multi-disciplinary case management for the AB 109 eligible population, including mobile health and outreach services
- One provider is currently in the process of establishing a specialty MAT clinic that will be licensed as a primary care clinic. Clinic will serve as an induction center for MAT, serving high-risk, high-need beneficiaries who are not connected to an existing behavioral health care program

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## Santa Clara County

- MAT, including buprenorphine, naloxone, and disulfiram will be provided to DMC-ODS beneficiaries through the County's DMC-ODS and through existing non-DMC Medi-Cal resources
- The County has worked with its SUD contractors and the County primary care clinic to pilot Vivitrol services for criminal justice clients and is utilizing the Treatment Authorization Review (TAR) process for non-criminal justice clients
- The Quality Assurance plan proposed addresses more diligent treatment monitoring with multiple data points to produce a valid 'current state' measure of the delivery system
- County challenges include residential treatment and detoxification capacity; and the availability of ABAM-certified physicians

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## Yolo County

- Contracting with CommuniCare, a Federally Qualified Health Center (FQHC) with Drug Medi-Cal certification and clinics in each of Yolo County's largest jurisdictions: Davis, Woodland, and West Sacramento that offers services including Outpatient, Intensive Outpatient, and Perinatal Day Treatment services
- Beneficiaries may walk in or be referred to an in-person ASAM screening at any one of the CommuniCare Health Centers' sites
- Other local substance use treatment providers frequently coordinate with the FQHC for addressing both the physical health and MH needs of their beneficiaries
- MAT services currently include Suboxone and Vivitrol with plans to expand this level of service

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## ASAM

- **ASAM Criteria.**
  - Placement into services determined by ASAM and not a Judge
  - Provides a continuum of care for SUD services.
  - Primary goal is to place beneficiary in the most appropriate level of care (LOC), which best aligns with individual treatment needs
- **ASAM Designations for Residential.** Residential providers must receive DHCS issued ASAM Designation for Levels 3.1, 3.3 and/or 3.5 prior to providing Waiver services
- **ASAM Level of Care.** For clinical and financial reasons, the preferable LOC is that which is the least intensive while still meeting treatment objectives and providing safety & security for the beneficiary

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## External Quality Review Organization (EQRO)

- **External Quality Reviews**
  - To ensure the unbiased review of 1115 Waiver services, CMS requires that EQRs be conducted by an independent, external contractor pursuant to 42, CFR Part 438
  - DHCS has contracted with Behavioral Health Concepts (BHC) to conduct EQR activities for the Waiver
  - EQR requirements must be phased in within 12 months of the county's commencement of Waiver services
  - BHC is connecting and collaborating with UCLA Evaluators and Mental Health EQR efforts

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## Evaluation

- University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs will conduct the evaluation
- Four key areas: Access, Quality, Cost and Integration and Coordination of Care
- Baseline data has been set
- Conducted surveys for two years with the 15 early adopter counties with submitted IPs and 29 other comparison counties

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## Indian Health Program-ODS

- Working with IHP-ODS stakeholders on system development over the past two years
- Phase 5 opening September 2017
- Designing Attachment BB which outlines the IHP-ODS system
- Released an Expression of Interest for the Administrative Entity
- Tribal consultation on IHP-ODS system will occur on September 12, 2017

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## Expected & Unexpected Implementation Efforts

### Expected:

- Tremendous redesign of the SUD delivery system
- Dramatic increase in SUD access statewide
- Innovations developed by the counties in addition to the required SUD services

### Unexpected:

- High volume of demand for services in Riverside County
- Enormous interest at the federal level and nationwide
- Intersection with the opioid epidemic

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## What's After MediCal 2020?

- Meeting with other states as they roll out SUD 1115 to learn from their successes and barriers:
  - Massachusetts
  - Kentucky
  - Virginia
- DMC-ODS will shape how SUD services are delivered after the demonstration
- Will continue to expand access to treatment, address treatment gaps and lift system state-wide
- SUD service delivery will not return to pre-waiver services

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## DHCS Response to the Opioid Epidemic

*State Targeted Response (STR) Grant*

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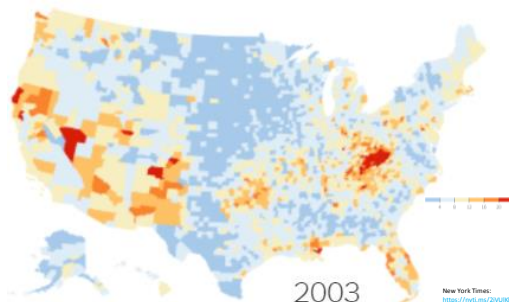
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## Overdose Deaths per 100,000




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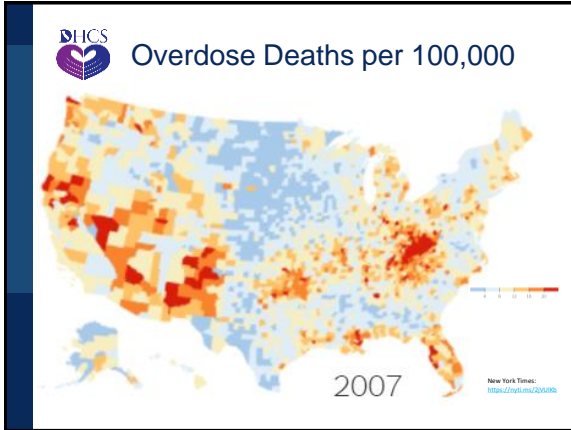
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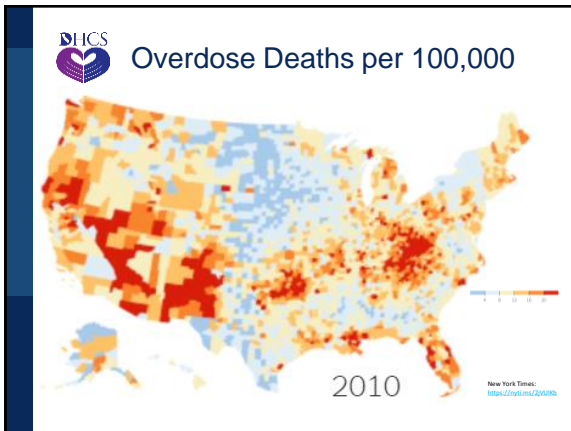
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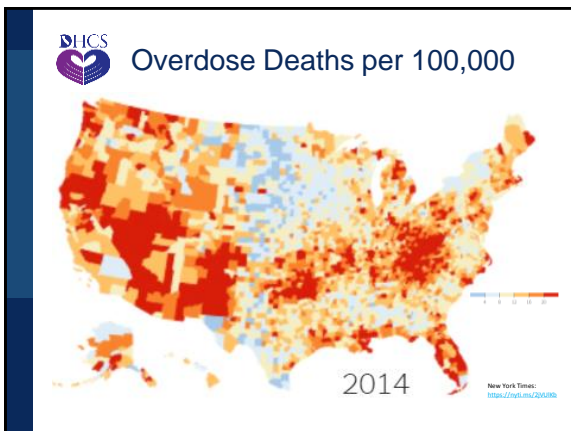
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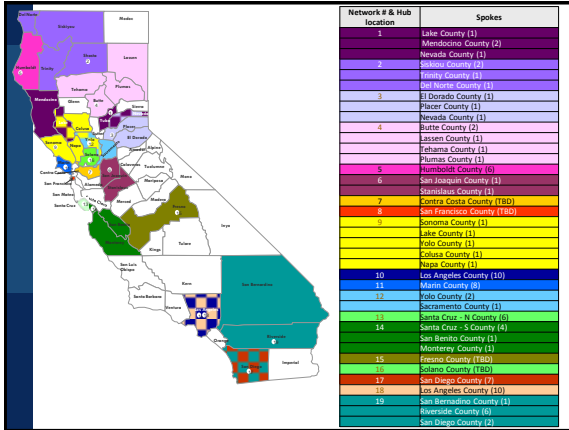
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## CA's Opioid STR Grant

- Leveraging Medicaid
  - Compliments 1115 DMC-ODS waiver MAT expansion efforts
  - Mandating providers in CA Hub and Spoke System MediCal certified
- Vermont Hub and Spoke Model
  - Vermont SME's assisting with CA project
  - Utilizing Treatment Needs Questionnaire and OBOT Stability Index
- CA Hub and Spoke System
  - Awarded 19 statewide CA H&SS
  - Learning Collaborative and Clinical Trainings by UCLA
  - Systems operational in late August 2017

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## More Information

- DHCS website:
  - <http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
    - FAQs and Fact Sheets
    - ASAM Designation
    - Approval Documents/Information Notices
    - Implementation Plans
- Inquiries: [DMCODSWAIVER@dhcs.ca.gov](mailto:DMCODSWAIVER@dhcs.ca.gov)
- CA Opioid Overdose Surveillance Dashboard
  - [https://pdop.shinyapps.io/ODdash\\_v1/](https://pdop.shinyapps.io/ODdash_v1/)

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